

**National Network of Libraries of Medicine (NN/LM)  
Middle Atlantic Region (MAR)  
(Delaware, New Jersey, New York, and Pennsylvania)**

**Strategic Program Plan for Member Participation 2007- 2011**

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## INTRODUCTION

### **National Network of Libraries of Medicine (NN/LM) Mission:**

To advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information and improving the public's access to information to enable them to make informed decisions about their health. The Program is coordinated by the National Library of Medicine (NLM) and carried out through a nationwide network of health science libraries and information centers.<sup>1</sup>

### **NN/LM Middle Atlantic Region (MAR) Vision:**

To fulfill the mission of the NN/LM and to develop coordinated and sustained programs within the region in *library improvement*: to support libraries providing quality health information services, and in *outreach*: to provide health information programs to the community. The MAR vision is based on six core concepts: 1) full participation from network members; 2) strategic planning, assessment and evaluation; 3) a strong emphasis on communication and marketing; 4) creating a highly efficient and responsive document delivery services program; 5) seeding permanent outreach partnerships within the communities; 6) responding to service and technology needs of network member health sciences libraries. This strategic program plan reflects the current five-year contract, 2006-2011.

The MAR program goals for both library improvement and outreach are in direct response to this vision. This strategic program plan expresses the MAR vision in terms of specific annual goals for both areas and ties activities of the membership to these goals by linking the awards, as well as educational and communication programs to the goals. MAR network members, particularly health sciences libraries, are the primary developers and implementers for these programs, guided by the NN/LM MAR staff.

While there are many other NN/LM programs that will be maintained by the NN/LM MAR staff or particular network member assignments (e.g., exhibits, encouragement of Go Local participation, and responses to such NLM initiatives as assessment of historical collections of unique value, and disaster preparedness), this strategic program plan addresses the responsibilities that apply to the membership at large and that are specifically tied to the awards program.

The development of the strategic program plan is based on member input achieved through a needs assessment questionnaire conducted in winter 2007 and through input from the four standing committees of the Regional Advisory Committee (RAC): Library Improvement, Resource Sharing, Technology, and Outreach, as well as an active planning process from the RAC members themselves during the fall 2006 and winter 2007 meetings. The RAC Executive Committee, functioning as the Needs Assessment Task Force, incorporated the input into this strategic program plan. It will be presented to the RAC for formal approval in February 2008.

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<sup>1</sup> National Network of Libraries of Medicine, <http://nnlm.gov/about/>

## **ENVIRONMENTAL SCAN: Summary**

To gain a perspective on the libraries, medical institutions, and public health issues as well as the health information needs within the MAR states (Delaware, New Jersey, New York, and Pennsylvania), Sue Hunter, MAR Planning and Evaluation Coordinator, conducted an environmental scan. This section presents a summary of the entire scan which appears as Appendix II.

### **Introduction**

The purpose of this preliminary environmental scan is to inform the development of the NN/LM MAR strategic program plan by gathering information about the issues and trends in healthcare, libraries providing health information, consumers' access to health information, and the health infrastructure in the region. Issues and trends in the following general areas were reviewed: demographics, economic and political viewpoints, Healthy People 2010, libraries, and technology. At this time, issues and trends specific to health professionals and their information needs are not reviewed.

### **Demographics**

According to the U.S. Census 2000, the total population of the four states in MAR (Delaware, New Jersey, New York, and Pennsylvania) is 40,455,461 which is 14.4% of the total U.S. population, 281,421,906. All of the states have densely populated urban centers as well as significant rural populations. While New York ranks as the third most populous state in the country, Pennsylvania is ranked the third highest in aging population. Health disparities common across MAR are diabetes, asthma, obesity, HIV/AIDS, and infant health.

### **Economic and political viewpoints**

Each of MAR's state health departments strives to promote healthy citizens and each has developed current strategic plans with concrete objectives to achieve this goal. Data on current totals of hospitals and nursing homes is presented. Over the years in each state there have been closures, reconfigurations, and newly established institutions; this data is not tracked in this preliminary scan but an ongoing scan will review the data and its impact on network members in the region.

### **Healthy People 2010**

*Healthy People 2010* was developed by the U.S. Department of Health and Human Services as a set of objectives to guide organizations in creating programs to improve health. The two main goals are to increase quality and years of healthy life and to eliminate health disparities. All of the states in MAR have incorporated some of the objectives into specific programs or established a formal *healthy plan* specific to the *Healthy People 2010* objectives.

### **Libraries**

The numbers and types of libraries accounted for in each state are presented. The data was culled from several sources so there may be some discrepancies especially when branch libraries are included in some data but excluded from a total count in other data. This data will be monitored and updated throughout the contract. NN/LM MAR conducted a questionnaire of a sample of its network members. One section of the questionnaire focused on library involvement in outreach activities to raise awareness of health information resources among consumers and health professionals. Some of those results are presented here.

### **Technology**

This section of the scan looks at consumer access to health information by reviewing studies on Internet use by the Pew Internet and American Life Project.

## **STRATEGIC PROGRAM PLAN FOR MEMBER PARTICIPATION**

Based on the 2006-2007 (Year 1) member needs assessment, the program objectives for library improvement (to support libraries providing quality health information services) and outreach (to provide health information programs to the community) are:

### **2007-2008 (Year 2)**

#### Library Improvement

1. Begin focused program for librarian mentoring and coaching in management, advocacy, and marketing the library through one or more pilot programs.
2. Conduct planning for a Value of Libraries Study to be conducted in the region in Year 3.
3. Create an information and education program on e-resources for hospital libraries and consortia. Address both licensing issues and resource evaluation. Suggest best practices for licensing and identify cost effective e-resources with emphasis on evidence-based medicine. Add a section to the MAR Website on e-licensing tips and experiences.
4. Create a virtual forum as a new way for librarians to keep up with technology innovations, licensing trends, and open access initiatives and their impact on health sciences libraries.
5. Create a MAR informational tool about regional consortia to encourage individual hospital librarians to take advantage of local expertise and opportunities and to give existing consortia members or those considering consortia practical information and guidance on common issues.
6. Strengthen hospital library capability to provide remote access to their electronic resources through training and technology awards. Investigate the need for central hosting of e-resources and Websites for hospital libraries for remote access by their patrons.

#### Outreach

To create permanent and sustainable partnerships and programs for outreach to target populations within the four states for the priority areas agreed upon by the RAC in 2007: a) identified target groups are seniors, Hispanic populations, faith-based organizations, and low income/literacy populations; b) partner priorities are the target unaffiliated health professionals, senior centers, nonprofit organizations, schools, and public health departments; c) unaffiliated health professionals are nursing/long term care professionals, private practice physicians, nurse practitioners, public health departments, and Federally Qualified Health Centers (health clinics for the underserved); d) health disparity priorities are diabetes, heart disease, obesity, cancer, STDs/HIV/AIDS, infant mortality, asthma, uninsured, and low health literacy.

1. Communicate to all network members the outreach priorities established by the RAC through the MAR blog, Website, and RML consultants.
2. Frame awards in terms of the outreach priorities and change the review process to include value for priority programs.
3. Promote Loansome Doc to hospitals and unaffiliated professionals – especially the target groups.

### **2008-2009 (Year 3)**

#### Library Improvement

1. Conduct Value of Libraries Research Study project.
2. Broaden training opportunities with emphasis on management, advocacy, and leadership skills through Web opportunities for training in a “MAR Leadership Institute”.
3. Continue technology awards for remote access to library resources and create “technology sandbox” with test beds for various projects for consortia or single libraries to safely experiment with new technologies, for example, wikis, blogs, RSS feeds, etc.

4. Create Web server project for libraries who want to e-mail journal scans without using Ariel.
5. Develop a program/conference for library as place issues, particularly in regard to the impact of technology on space issues; develop place on MAR Website for bibliography of library/space issues.
6. Address issues of resource sharing in light of retention/storage, electronic issues, and shrinking space for Resource Libraries.

#### Outreach

1. Develop an outreach database of all MAR outreach projects and partners including all NLM and non-NLM funded projects.
2. Assess projects from awards program to determine outputs (if goals were met) and outcomes (long term impact).
3. Communicate success stories to members through anecdotes and vignettes on the MAR Website, blog, and listserv; develop local publicity templates and packets.
4. Administer a questionnaire to targeted unaffiliated health professional groups (as defined in Outreach section under Year 2, p. 4) to determine their health information needs and to see if there are barriers to getting the information they need in a rapid and useful manner. Encourage the development of public library partnerships between member libraries and targeted groups in the local communities.

#### **2009-2010 (Year 4)**

##### Library Improvement

1. Evaluate the library improvement program and administer a questionnaire to determine if network member needs are being met and what possible new needs have developed, in particular for resource sharing issues.
2. Continue established library improvement programs from previous years.
3. Disseminate results of the Value of Libraries Research Study.

##### Outreach

1. Begin to compare and evaluate the various awarded outreach projects and experiences for lessons learned.
2. Hold a conference on outreach projects and evaluation methods and present the lessons learned; share conclusions beyond the conference through the MAR Website and other mechanisms.
3. Continue working with outreach partners and target groups using the shared outreach database.
4. Encourage development of local programs linking unaffiliated health professional target groups to health information based on Year 3 questionnaire findings through funding awards.

#### **2010-2011 (Year 5)**

##### Library Improvement

1. Propose training and educational programs to meet future needs.
2. Based on outcomes of continuing education, establish technology competencies for health sciences librarians.
3. Evaluate the library improvement program and create program priorities for the next contract.
4. Publish and market results of the Value of Libraries Research Study outside of the library community.

##### Outreach

1. Continue program to build outreach knowledge and commitment among network members.

2. Document the experiences of the outreach program and make recommendations for the next contract in regard to target groups, partners, and unaffiliated health professionals.
3. Repeat environmental scan to determine changes in library community and health disparities priorities of local communities.

## **APPENDIX I**

### **Planning Process**

The process for developing the MAR strategic program plan began with a general discussion and planning session at the first RAC meeting for the 2006-11 contract on November 17, 2006. Those present worked in both large group and small breakout sessions and expressed opinions on what was needed in the region in library improvement and outreach programs. These discussions were seeded by reports from the four MAR standing committees: Resource Sharing, Library Improvement, Technology, and Outreach.

The results of these discussions were taken into consideration by both NN/LM MAR staff and the RAC Executive Committee which functions as the Needs Assessment Task Force for MAR. A questionnaire was developed based on this input and distributed on the advice of NN/LM's Outreach Evaluation Resource Center (OERC) to a stratified sample of 448 members. The 65% response rate was a result of member interest and MAR staff effort in follow-up reminders. The Needs Assessment Task Force analyzed the results and presented them to the RAC at its second meeting in April 2007. These results were then amplified by the discussion at the RAC meeting and the resulting feedback was absorbed into the draft planning documents developed by the Task Force over the summer and fall of 2007.

In late November 2007, the Needs Assessment Task Force met with both Cindy Olney and Susan Barnes of the OERC in a one day session to develop some simple tools for evaluation of the strategic program plan as a whole and for the awards administered over the contract period. The evaluation mechanism will include logic models for overall goals but also other tools and methodologies. Built into the strategic program plan is a mandatory overall evaluation to be conducted in years 4/5 for input into the next contract response.

### Next Steps

The draft plan is being submitted to the RAC in December 2007 with a request for any comments to be submitted by mid-January 2008. The Needs Assessment Task Force will consider the feedback from the members and revise the plan accordingly. It will be submitted for vote over e-mail before the February RAC meeting and will be formally ratified at the annual RAC meeting in February 2008.

The Needs Assessment Task Force will then document an evaluation plan for use by the region members for the rest of the contract years.



## APPENDIX II

### Environmental Scan

#### 1. Introduction:

As defined by Chun Wei Choo, “environmental scanning is the acquisition and use of information about events, trends, and relationships in an organization’s external environment, the knowledge of which would assist management in planning the organization’s future course of action.” ( para. 1)<sup>2</sup>

In NN/LM MAR the following external environments were examined for issues and trends:

- State health departments: What are the health concerns and disparities for each state?
- Health care agencies: How many hospitals and nursing homes are in the region?
- Health care consumers: Who are they? Where are they? Are there any special populations?
- Libraries: Where are they? What health programming are they doing? What are their funding sources? Who are their potential partners for health programs?
- Health professionals: Who are they? Where are they?
- Technology: What are the access issues? What are the issues facing libraries?
- Funding sources: What agencies support health-related programs?

#### Purpose:

The purpose of this preliminary environmental scan is to inform the development of NN/LM MAR’s strategic program plan by gathering information about the issues and trends in healthcare, libraries providing health information, consumers’ access to health information, and the health infrastructure in MAR. At this time issues and trends specific to health professionals and their information needs were not reviewed.

#### Scope:

In undertaking this environmental scan health issues and trends in the following general areas were reviewed: demographics, economic and political viewpoints, Healthy People 2010, libraries, and technology.

#### Methodology:

The following resources were examined to identify recently published (the last 2-3 years) reports, articles, statistics, Web documents, and grey literature relating to health issues and trends in each state:

- State health department Websites for current reports, strategic plans, health issue priorities, responses to *Healthy People 2010*
- State Governors’ Website for special health reports, press releases, new initiatives
- PubMed:
  - Searched for articles published in the last five years on the topics of public health, community-institutional relations, health transition, and medical libraries in relation to each state
  - Searched the *Journal of the Medical Library Association* for reports/research from each state
- Library Literature & LISA:

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<sup>2</sup> <http://www.asis.org/Bulletin/Feb-99/choo.html>

- Searched for articles published in the last six years on the topics of health, medical libraries, and outreach programs related to each state
- Lexis/Nexis:
  - Searched for articles published in the last six months referring to health issues, government and/or independent reports specific to each state
- ABI/Inform & Google Scholar: Searched for methods/models of environmental scanning
- The Web for grey literature, statistics, and departmental reports using Google
- Gale Directory of Databases to determine other health or government-related databases to search
- State libraries: Government documents checklists. It appears none of the state health departments have published an environmental scan.
- U.S. Census Website for demographic data
- Kaiser Family Foundation for state health facts
- RAND Website for current publications
- Robert Wood Johnson Foundation Website for reports
- Health policy research centers for reports at Duke, UCLA, U. Mass, Stanford, Rutgers

## 2. Demographics:

This section of the scan helps to paint a picture of the populations in the four states of MAR. The total population of the four states, 40,455,461, is 14.4% of the total U.S. population, 281,421,906 (based on the U.S. Census, 2000). MAR is a population dense area with major urban centers and large rural areas too. There is diversity in ethnic and minority groups, age disparities, uninsured, and underserved groups within the population.

Some demographic highlights include:

In 2005, data collected through the National Center for Health Statistics showed Pennsylvania was ranked third highest in aging population: 15.2% of the Pennsylvania population was 65 and older; the national average for that age group is 12.4%. Delaware ranked sixteenth highest at 13.3%, New York ranked twenty-first highest at 13%, and New Jersey ranked twenty-fourth highest with 12.9%.<sup>3</sup>

Based on resident population, New York ranks as the third most populous state in the country. Pennsylvania is ranked sixth, New Jersey is ranked eleventh and Delaware is ranked forty-fifth.<sup>4</sup>

Next to California New York has the highest number of physicians and registered nurses in the country.

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<sup>3</sup> National Center for Health Statistics, Trends in Health and Aging. (2005). *Population: Number and Percent Distribution by Year, State, Race/Hispanic Origin and Sex*. <http://www.cdc.gov/nchs/agingact.htm>

<sup>4</sup> U.S. Census Bureau. (2007). *Statistical Abstract: State Rankings*. <http://www.census.gov/compendia/statab/rankings.html>

**Basic Demographics:**

<b>2000 Census<sup>5</sup></b>	<b>Delaware</b>	<b>New Jersey</b>	<b>New York</b>	<b>Pennsylvania</b>	<b>Total</b>
<b>Population<sup>6</sup></b>	783,600	8,414,350	18,976,457	12,281,054	40,455,461
<b>White</b>	584,773 (74.6%)	6,104,705 (72.6%)	12,893,689 (67.9%)	10,484,203 (85.4%)	30,067,370
<b>Black</b>	150,666 (19.2%)	1,141,821 (13.6%)	3,014,385 (15.9%)	1,224,612 (10%)	5,531,484
<b>Hispanic</b>	37,277 (4.8%)	1,117,191 (13.3%)	2,867,583 (15.1%)	394,088 (3.2%)	4,416,139
<b>Asian</b>	16,259 (2%)	480,276 (5.7%)	1,044,976 (5.5%)	219,813 (1.7%)	1,761,324
<b>Other</b>	15,855 (2%)	450,972 (5.4%)	1,341,946 (7.1%)	188,437 (1.5%)	1,997,210
<b>2006 estimates<sup>7</sup></b>					
<b>Population</b>	853,476	8,724,560	19,306,183	12,440,621	41,324,840
<b>White</b>	636,116 (74.5%)	6,665,390 (76.3%)	14,220,047 (73.6%)	10,660,136 (85.6%)	32,181,689
<b>Black</b>	178,201 (20.8%)	1,264,681 (14.4%)	3,352,874 (17.3%)	1,336,278 (10.7%)	6,132,034
<b>Hispanic</b>	53,835 (6.3%)	1,364,696 (15.6%)	3,139,456 (16.2%)	526,976 (4.2%)	5,084,963
<b>Asian</b>	23,680 (2.7%)	647,986 (7.4%)	1,326,089 (6.8%)	292,507 (2.3%)	2,290,262
<b>Uninsured (2005)<sup>8</sup></b>	103,667 (12%)	1,302,978 (15%)	2,567,744 (14%)	1,216,260 (10%)	5,040,670
<b>Health Professionals 2005/2006 data<sup>9</sup></b>					
<b>Total Physicians</b>	2,641	32,858	86,618	47,800	169,917
<b>Total Nurses</b>	7,710	80,940	164,370	123,650	376,670
<b>Total Dentists</b>	401	7,563	16,496	9,117	33,577
<b>Total Physician Assistants</b>	156	890	6,277	3,117	10,440
<b>Total Healthcare Employment</b>	31,360	307,830	751,250	511,090	1,601,530

<sup>5</sup> U.S. Census Bureau. (2000). *Census 2000 Demographic Profiles*. <http://censtats.census.gov/pub/Profiles.shtml>

<sup>6</sup> Note: Columns add up to more than the total population because race and Hispanic origin are recorded distinctly and separately as, "Hispanics may be of any race." See Grieco (2001, p.2)

<sup>7</sup> U.S. Census Bureau, Population Division. (2007). *Annual Estimates of the Population by Sex, Race, and Hispanic or Latino Origin for States: April 1, 2000 to July 1, 2006*. <http://www.census.gov/popest/states/asrh/SC-EST2006-03.html> for each state.

<sup>8</sup> Kaiser Family Foundation. (2007). *Health Insurance Coverage of the Total Population, States, (2005-2006), U.S. (2006)*. <http://www.statehealthfacts.org/comparebar.jsp?cat=3&ind=125>

<sup>9</sup> Kaiser Family Foundation. *Providers and Service Use*. All data tables from <http://www.statehealthfacts.org/comparecat.jsp?cat=8>

Health Disparities – Middle Atlantic Region\*

Blacks (compared to Whites)	DE	NJ	NY	NYC	PA
<b>Pregnancy/Infancy</b>					
Infant death rate	X	X	X	X	X
Maternal death rate					X
Lower birth rates	X	X	X	X	X
No prenatal care	X				X
Teen birth rate	X			X	X
<b>STDs/Infectious Diseases</b>					
Syphilis					X
HIV/AIDS	X	X	X	X	X
Gonorrhea					X
Tuberculosis					X
Hepatitis B					X
<b>Injuries</b>					
More likely to be hospitalized for: non-fatal head injuries					X
More likely to be hospitalized for: non-fatal spinal cord injuries					X
Unintentional injuries		X			
<b>Chronic diseases</b>					
More likely to be hospitalized for: peptic ulcer					X
More likely to be hospitalized for: uncontrolled diabetes					X
Diabetes (mortality)	X	X	X	X	
More likely to be hospitalized for: asthma	X	X		X	X
Congestive heart failure (65-84)					X
Heart (mortality)	X	X		X	
<b>Other diseases</b>					
Cancer:					
• Prostate		X			X
• breast		X			X
• bronchus & lungs					X
• cervix uteri		X			X
• colorectal		X			X
• larynx					X
• liver					X
• multiple myeloma					X
• pancreas					
• stomach					
Stroke (mortality)	X	X			
Alcohol-induced death					

<b>Obesity</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>Asian/Pacific Islander (compared to Whites)</b>					
	<b>DE</b>	<b>NJ</b>	<b>NY</b>	<b>NYC</b>	<b>PA</b>
<b>Pregnancy/Infancy</b>					
<b>No prenatal care in first trimester</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>
<b>Births to non-smoking mothers</b>					<b>X</b>
<b>STDs/Infectious diseases</b>					
<b>Tuberculosis</b>					<b>X</b>
<b>Other diseases</b>					
<b>Cancer:</b>					<b>X</b>
• stomach					
• cervical		<b>X</b>			
<b>Hispanic (compared to Whites)</b>					
<b>Pregnancy/Infancy</b>					
<b>Infant death rate</b>				<b>X</b>	<b>X</b>
<b>Low birth weight</b>					<b>X</b>
<b>Teen birth rate</b>				<b>X</b>	<b>X</b>
<b>Births to non-smoking mothers</b>					<b>X</b>
<b>No prenatal care in first trimester</b>			<b>X</b>		<b>X</b>
<b>No prenatal care</b>					<b>X</b>
<b>STDs/Infectious Diseases</b>					
<b>HIV/AIDS</b>		<b>X</b>		<b>X</b>	<b>X</b>
<b>Gonorrhea</b>					<b>X</b>
<b>Tuberculosis</b>					<b>X</b>
<b>Injuries</b>					
<b>Hospitalization for selected conditions:</b>					
• non-fatal head injuries					<b>X</b>
• vertebral fractures (65+)					<b>X</b>
<b>Chronic diseases</b>					
<b>More likely to be hospitalized for: peptic ulcer</b>					<b>X</b>
<b>More likely to be hospitalized for: uncontrolled diabetes</b>				<b>X</b>	<b>X</b>
<b>More likely to be hospitalized for: asthma</b>		<b>X</b>		<b>X</b>	<b>X</b>
<b>Other diseases</b>					
<b>Congestive heart failure (65-84)</b>					<b>X</b>
<b>Childhood obesity</b>		<b>X</b>		<b>X</b>	
<b>Obesity</b>	<b>X</b>			<b>X</b>	

\***Note:** This Health Disparities chart indicates by race and ethnic group the particular disease or condition articulated as a health disparity of highest concern by each state health department in MAR. The Xs represent the articulated disparity for that particular state by race or ethnic group (please note that New York City is listed separately from the State of

New York due to the significant population size). Absence of an X indicates this particular disease has not been declared a health disparity for that state. The bold Xs indicate a change from data collected previously in the Technical Proposal, <http://nnlm.gov/mar/about/rmltechnical060706.pdf>

This data was collected from state health department Websites and the following, Pennsylvania Department of Health. *Minority Health Disparities*. <http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=175&Q=240971> , New Jersey Department of Health & Senior Services. *Strategic Plan to Eliminate Health Disparities in New Jersey 2007*.

<http://www.state.nj.us/health/omh/plan/index.shtml> , New York City Department of Health and Mental Hygiene.

*Health Disparities in New York City*. <http://www.nyc.gov/html/doh/downloads/pdf/epi/disparities-2004.pdf> , Jacobson, E., Jaeger, J., Ratledge, E.C., Gladders, B. (2004). *Health Disparities in Delaware*.

<http://dhcc.delaware.gov/pdfs/HealthDisparitiesFinal2004.pdf> , Kaiser Family Foundation. *Kaiser State Health State Facts*. <http://statehealthfacts.org/>

### 3. Economic and Political Viewpoints:

The economic and political viewpoints section reviews the mission statements from each state health department and provides highlights from their recently published strategic plans. A brief overview of the status of hospitals and nursing homes in the region is also provided.

In 2006/2007 each of region's four state health departments established a new strategic plan to recognize health care issues and to establish priorities to address those issues.

#### State Health Departments

##### Delaware:

Delaware Health Care Commission's mission statement: To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

##### **Five major initiatives from the strategic plan:**<sup>10</sup>

1. *Uninsured Action Plan*: preserve existing insurance coverage and expand insurance coverage to the uninsured.
2. *Information & Technology*: electronic patient records (DHIN-Delaware Health Information Network); streamline process for obtaining lab results
3. *Health Professional Workforce Development*: DIMER (Delaware Institute of Medical Education & Research) – partner with Pennsylvania schools to provide opportunities for medical education for Delaware residents; DIDER (Delaware Institute for Dental Education & Research) – as above but for dental education; set up state loan repayment program for health professionals; investigate nursing shortage. DIMER and DIDER were established to address the shortage of health professionals in the state.
4. *Research & Policy Development*: continue research contract with University of Delaware for updated data in annual and other reports such as *Total Cost of Health Care* and *Delawareans Without Health Insurance*, etc.
5. *Specific Health Care Issues & Affiliated Groups*: form committees to review specific health concerns: (i) mental health, (ii) chronic illness & stroke, (iii) medical liability, (iv) physical activity & education, (v) racial & ethnic health disparities

##### New Jersey:

New Jersey Department of Health & Senior Services' mission statement: To foster accessible and high-quality health and senior services to help all people in New Jersey achieve optimal health, dignity and independence. We work to prevent disease, promote and protect well-being at all life stages and encourage informed choices that enrich quality of life for individuals and communities. We will accomplish our mission through leadership, collaborative partnerships, accountability, advocacy-especially for those who need us most-and a strong commitment to informing and seeing the diverse consumers of this state.

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<sup>10</sup> Delaware Health Care Commission. *Annual Report and Strategic Plan, 2007*.

<http://dhcc.delaware.gov/pdfs/DHCCAnnualReport2007.pdf>



For the next three years the Department has developed a strategic approach to addressing these health disparities: asthma, breast, cervical, colorectal, and prostate cancer, cardiovascular disease, diabetes, HIV disease, infant mortality, obesity, and unintentional injuries. The following goals specifically address these disparities:<sup>11</sup>

1. Reduce the number of minorities with asthma who use hospital emergency departments as a main source of care, prevent asthma mortality and make it possible for children and adults to live healthier lives.
2. Increase awareness of cancer initiatives and promote screenings for the New Jersey minority population.
3. Reduce the number of deaths due to cardiovascular disease through organized outreach and education efforts.
4. To increase the number of minorities diagnosed with diabetes who receive high quality care and linkages to social supports.
5. Decrease disparities in obesity and increase healthy eating and physical activity across the lifespan among high risk groups (including black and Hispanic populations and those in low socioeconomic status) in NJ.
6. Reduce the incidence of HIV/AIDS among minority populations through increased education and facilitation of greater access to care.
7. Decrease disparities in birth outcomes between white and black infants.
8. Reduce excess morbidity and mortality due to unintentional injuries among minorities
9. Support new and maintain established partnerships with community-based organizations, including faith-based groups, advocacy groups, and agencies that have minority health agendas to maximize outreach and increase awareness of health disparities.

#### New York:

New York State Department of Health's mission statement: Working together and committed to excellence, we protect and promote the health of New Yorkers through prevention, science and the assurance of quality health care delivery.

#### **Strategic Priorities<sup>12</sup>**

1. Protect New Yorkers from disease, environmental risks, and disasters.
2. Promote the healthy behavior of New Yorkers and their communities.  
Goal: Enhance public knowledge by providing timely, accurate, and understandable science and public health education programs, and by disseminating appropriate educational resources.
3. Improve the quality of health care in New York.
4. Increase access to health care for New Yorkers.  
Goal: Eliminate disparities in health access and outcomes.
5. Strengthen the scientific foundation for health protection, health promotion, and health care.  
Goal: Improve the communication and application of health research results to improve health status.
6. Strengthen the Department's capacity to achieve its goals.

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<sup>11</sup> New Jersey Department of Health & Senior Services. *Strategic Plan to Eliminate Health Disparities in New Jersey, 2007*. <http://www.state.nj.us/health/omh/documents/healthdisparityplan07.pdf>

<sup>12</sup> New York State Department of Health. *For the Health of New Yorkers: Strategic Priorities of the New York State Department of Health*. [http://www.health.state.ny.us/commissioner/strategic\\_plan.htm](http://www.health.state.ny.us/commissioner/strategic_plan.htm)

Pennsylvania:

Pennsylvania Department of Health's mission statement: To promote healthy lifestyles, prevent injury and disease, and to assure the safe delivery of quality health care for all commonwealth citizens.

The State Health Improvement Plan's goals are as follows:<sup>13</sup>

1. To empower communities to identify, plan for and address local health needs.
2. To link community-based health plans with the allocation of Commonwealth resources to the degree possible.
3. To establish partnerships among local government, state, and local partners that are committed to sharing the risk, responsibility, and resources needed to coordinate health improvement along the spectrum of prevention, acute care, and long-term care.
4. To shift the mode of community health planning from a prescriptive model to a shared responsibility model.

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<sup>13</sup> The Pennsylvania Department of Health *State Health Improvement Plan* is both the department's strategic plan and its response to Healthy People 2010. Pennsylvania Department of Health. *State Health Improvement Plan 2006-2010*. <http://www.dsf.health.state.pa.us/health/cwp/browse.asp?a=169&bc=0&c=35865>

**Hospitals and Nursing Homes in MAR:**

<b>2005 data<sup>14</sup></b>	<b>Delaware</b>	<b>New Jersey</b>	<b>New York</b>	<b>Pennsylvania</b>	<b>Total</b>
<b>Total Hospitals</b>	6	80 <sup>15</sup>	203	191	480
<b>Nursing Homes</b>	41	341	635	702	1,71

The American Hospital Association reported three major findings from a 2007 survey of hospital leaders.<sup>16</sup>

1. Major workforce shortages affect patient care.
2. Hospital capacity, emergency department diversion, and specialty coverage: Emergency departments are at or are over capacity, urban hospitals experience time on diversion (rerouting ambulances) due to lack of staffed critical care beds, and half of the hospitals surveyed have gaps in specialty coverage in the emergency department.
3. Disaster readiness: hospitals are taking a variety of actions to bolster disaster readiness including participation in large scale drills, establishing back-up communications plans and developing resource sharing plans with other hospitals.

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<sup>14</sup> Kaiser Family Foundation. *Providers and Service Use: Total Hospitals*.

<http://www.statehealthfacts.org/comparemaptable.jsp?ind=382&cat=8>

(Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.)

<sup>15</sup> New Jersey has 122 hospitals which includes all hospitals such as specialty and long term acute care hospitals.

<http://www.njha.com/Directories/dirmemhosalpha.aspx>

<sup>16</sup> The 2007 State of America's Hospitals – Taking the Pulse, Chartpack (ppt), July 2007. American Hospital Association.

<http://www.aha.org/aha/research-and-trends/health-and-hospital-trends/2007.html>

#### 4. Healthy People 2010:

*Healthy People 2010* was developed by the U.S. Department of Health and Human Services as a set of objectives to help guide organizations to create programs to improve health. The two main goals are to increase quality and years of healthy life, and to eliminate health disparities.

There are 28 focus areas:

1. Access to quality health services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community-based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Diseases
15. Injury and Violence Protection
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

There are ten leading health indicators: physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care. Each of these has one or more *Healthy People 2010* objectives associated with it. These indicators will be used to assess the nation's health over the next ten years.

All of the states in MAR except for New York have a formal response to Healthy People 2010. The New Jersey Department of Health and Senior Services also published an update to its report in 2005.

#### Delaware:

*Healthy Delaware 2010* is organized around prevention factors rather than diseases in order to save lives and health care costs in all of these focus areas: physical activity, nutrition, tobacco use, alcohol and drug use, responsible sexual behavior, environmental quality, violence, education, mental health, injury and disability, preventive services, infant health, and access to health care.

#### New Jersey:

Preventing and reducing major diseases such as heart disease and stroke, diabetes, cancer, HIV/AIDS, mental health, addictions, asthma, infectious diseases, and sexually transmitted diseases is the focus of *Healthy New Jersey 2010*. New Jersey has set the major goals of increasing the quality and years of healthy life, narrowing health status gaps between minority and majority populations, and identifying the amount of change needed to eliminate health disparities. The 2005 update indicates goals that have been met to date, are continuing, or deemed to be unrealistic.

#### New York:

Although the New York Department of Health does not have a current *Healthy People 2010* report, it incorporates the *Healthy People* objectives into the department's topic specific programs and plans such as cancer, diabetes, HIV, tobacco, and more. The department had a previous ten year plan entitled *Communities Working Together for a Healthier New York* which ended in 2006. The report highlights twelve priority areas for public health action: access to and delivery of health care, education, healthy births, mental health, nutrition, physical activity, safe and healthy work environment, sexual activity, substance abuse of alcohol and other drugs, tobacco use, unintentional injuries, and violent and abusive behavior.

#### Pennsylvania:

It is the Pennsylvania Department of Health's mission to promote healthy lifestyles, prevent injury and disease, and assure the safe delivery of quality health care for all Pennsylvanians, which directly supports the vision and intent of *Healthy People 2010*. *The State Health Improvement Plan: Healthy Pennsylvanians 2010 and Beyond* is a blueprint for health improvement that links *Healthy People 2010* goals and objectives with Pennsylvania Department of Health programs and community health partnerships and initiatives. The plan translates the ten *Healthy People 2010* leading health indicators into six "Categories for Health Action" for improvement: communicable disease, chronic disease, family health, violence and injury, environmental health, and service delivery systems.

**5. Libraries:**

The following table provides a perspective on the number and types of libraries in the region. The data was culled from several sources so there may be some discrepancies especially when branch libraries are included in some data but excluded from a total count in other data. This data will be monitored and updated throughout the contract.

<u>Libraries</u> <sup>17</sup>	<b>Delaware</b>	<b>New Jersey</b>	<b>New York</b>	<b>Pennsylvania</b>
<b>Academic Health Sciences</b>	0	5	19	14
<b>Hospital</b>	12	78	142	114
<b>Public</b>	33	384	1,078	681 <sup>18</sup>
<u>NN/LM MAR</u> <sup>19</sup>				
<u>Library Members</u>				
<b>Academic</b>	0	7	45	31
<b>Hospital</b>	11	75	181	149
<b>Other</b>	1	10	52	22
<b>Public</b>	3	48	89	84

Some of the following information was culled from each state library, so much of the data is specific to public libraries.

Delaware:

- The state of Delaware is currently (fall 2007) working with a consulting firm to develop a statewide strategic plan for medical and health library services. The intent of the plan is to incorporate national best practices to deliver quality medical services, efficiently manage costs, equalize information access for all Delaware health professionals, and improve and supplement ongoing health literacy initiatives for all residents.
- The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) has developed partnerships with the Division of Libraries, public libraries and senior centers to serve as Caregiver Resource Centers. There are twenty-nine Caregiver Resource Centers throughout Delaware. Eight of the Caregiver Resource Centers are staffed on a part-time basis. The remaining twenty-one Caregiver Resource Centers operate as libraries for videos, books, pamphlets and other materials on care giving. Materials can be reviewed at the resource centers or checked out for use at home. <http://www.dhss.delaware.gov/dsaapd/resource.html>

<sup>17</sup> These numbers are from the American Library Directory Online, 2007/2008

<sup>18</sup> Number obtained on the Commonwealth Libraries: Amazing Factoids Web page, <http://www.statelibrary.state.pa.us/libraries/cwp/view.asp?a=15&q=113963>

<sup>19</sup> Numbers obtained from the NN/LM Members Directory, <http://nmlm.gov/members/adv.html>

#### New Jersey:

- In September 2007 a Blue Ribbon Task Force on the Future was convened by the state librarian. The task force is charged with recommending how libraries can meet projected demographic changes that include serving groups of library users who are increasingly diverse and older. Composed of members from different types of libraries - public, academic, school, medical and other special libraries - the task force will also explore other trends and how libraries can fully utilize technological advances to better serve the public. [http://www.njstatelib.org/News/news\\_item.php?item\\_id=832](http://www.njstatelib.org/News/news_item.php?item_id=832)
- The New Jersey State Library's Library Development Bureau provides consultant services and technical assistance to create and improve library, information and literacy services, administers per capita state aid to public libraries, state and federal grant funds, and coordinates resource sharing through the New Jersey Library Network (made up of four regional library cooperatives) providing statewide access to a selection of databases. <http://www.njstatelib.org/LDB/aboutldb.php>
- Percent of New Jersey libraries connected to the Internet, 99.7% ; Percent of libraries providing public access to the Internet, 99.7% (NJ Statistics Comparison to National Statistics, 2003/2004) <http://www.njstatelib.org/LDB/Statistics/>

#### New York:

- The library system in the state of New York is made up of nine reference and research library councils (3Rs) which are state funded regional library systems designed to support access to information through resource sharing among twenty-three public library systems (supporting over 1,000 public libraries and branches), forty-one school library systems and over nine hundred academic, hospital, law, business, and special libraries. <http://www.nysl.nysed.gov/index.html> . The 3Rs administer and coordinate the Hospital Library Services Program (HLSP) which is a state-funded program to support library services to professional staff in non-profit hospitals. <http://www.nysl.nysed.gov/libdev/misp/guidlin.htm>

#### Pennsylvania:

- The Office of Commonwealth Libraries, within the Pennsylvania Department of Education, operates a major research library and leads the development of the state's public, school, academic and special libraries to meet the information, education and enrichment needs of its residents. The Office of Commonwealth Libraries operates through two bureaus: The Bureau of the State Library and the Bureau of Library Development. There are twenty-nine public libraries designated as District Library Centers across the state. District Library Centers receive state funds to provide backup services for the local public libraries. Each District Library Center employs consultant librarians to work with local libraries and to serve as a liaison to Commonwealth Libraries. <http://www.statelibrary.state.pa.us/libraries/cwp/view.asp?a=280&q=40197>
- The Commonwealth of Pennsylvania's support to libraries is among the strongest in the nation. The 2007-2008 appropriation of \$75,750,000 will help strengthen libraries as they support education, provide information and resources, contribute to economic growth and revitalize communities. <http://www.statelibrary.state.pa.us/libraries/cwp/view.asp?Q=128656&A=5>

- According to the Pennsylvania Department of Education’s “Amazing Factoids About Public Libraries”, 99.8% of Pennsylvania public libraries provide access to the Internet. They make available 6,883 Internet terminals for public use.

Outreach Activities and Interests in MAR:

In February 2007 MAR conducted a questionnaire of a sample of its network members. There were several questions pertaining to outreach activities, which are defined as activities to raise awareness of health information resources among consumers and health professionals. Fifty-seven percent of the respondents reported involvement in outreach activities. The following quotes reveal a small sampling of the responses describing these outreach activities:

- Hospital has outreach programs to area schools and library is included in these programs.
- Our institution provides day and evening classes on psychiatric issues for the community.
- Participate in Health Fairs, host outreach events with community groups, teach classes in database searching...
- We offer consumer health information seminars and programs.
- We participate in community wellness events in partnership with local schools and other organizations.
- Acquire and maintain a collection of consumer health books on board our bookmobile, partnering with health care professionals to provide programs for children and adults throughout the year.
- Library staff go to different [hospital] departments to teach employees about library databases and services.
- Library-hosted "extracurricular" courses for consumer health information resources and Internet searching (expert Google searching) designed for hospital administrators and staff who fall outside realm of clinical practitioners. Also available to patients and family members.

When asked to select from a list of underserved populations which would be a possible target audience for outreach activities in their geographic area, sixty-one percent of the respondents selected senior citizens. More than fifty percent of the respondents selected senior centers and nonprofit health agencies (e.g., American Red Cross, NAACP, Arthritis Foundation) as possible partners for outreach activities. In selecting the top major health issues in the respondents’ geographic area, the highest responses were diabetes, heart disease, obesity, and cancer. Of the major non-disease health issues, the top ones selected were no health insurance and low health literacy. Regarding unaffiliated health professionals as a possible target audience for outreach, the majority of respondents selected nursing care organizations (e.g., home health agencies, nursing homes).

Other Funding Agencies for health-related programs:

- Institute of Museum and Library Services (IMLS) (<http://www.imls.gov/index.shtml> ). This is a primary source of federal support for the nation’s 122,000 libraries and 17,500 museums. The Institute's mission is to create strong libraries and museums that connect people to information and ideas. The Institute works at the national level and in coordination with state and local organizations to sustain heritage, culture, and knowledge; enhance learning and innovation; and support professional development. An example of a health-related IMLS grant funded project is a



California program on educating teens about healthy body image,  
<http://www.ims.gov/profiles/Jul06.shtm> .

- Libraries for the Future (<http://www.lff.org/index.html> ) is a national nonprofit organization that supports innovation and investment in America's libraries. A core goal of Libraries for the Future is to increase the level of public and private investment in libraries. In some cases, Libraries for the Future serves as a direct conduit of funds from foundations and private donors to libraries across the nation. In other cases, LFF grants come in the form of training, resources, and other service grants.

## 6. Technology:

A section on technology could be simultaneously broad and expansive or specific to a sub-topic such as health care and health information. It could incorporate the growing use of technology in the healthcare field by health professionals such as electronic patient records and personal digital assistants (PDAs) or the effect technology has on organizations such as libraries and hospitals. In short, a section under such a daunting heading could be limitless. For this preliminary scan this section will generally consider access to health information from the consumer's perspective.

Contributors to *Health and Health Care 2010*, a publication which predicts the future trends in health and health care issues in the United States, note three modes of empowerment for the consumer, of which one is called *self-care and self-management*. This mode states that, "increasing consumer access to medical information formerly known only to providers, combined with improved remote sensing technologies, will facilitate greater involvement of patients in their own health care, including preventive care (e.g., improving diet and lifestyle), treating acute episodes at home, and helping manage the course of their chronic diseases" (p. 124). The consumer is changing with respect to becoming more informed, educated, and as a result making demands in regards to health care.

Over the past few years the Pew Internet and American Life Project has completed several studies on people seeking health information online. The 2006 *Online Health Search* study by Susannah Fox found that eight in ten Internet users go online for health information. When questioned about seeking health information sixty-six percent began their last online health inquiry at a general search engine like Google or Yahoo and twenty-seven percent began at a health-related Website. Fifty-six percent said they felt relieved or comforted by the information they found online. Fox's 2005 study reviews the range of health topics for which Internet users sought online information. In 2004 Fox did a study on seniors and the Internet which found that twenty-two percent of Americans sixty-five and older use the Internet. However, this percentage is estimated to increase as the large aging Baby Boomer generation moves in to the sixty-five plus category by 2011. In 2004 sixty-two percent of Americans age fifty to fifty-eight had Internet access, whereas seventeen percentage of Americans sixty-nine and older had access. Fox notes that most seniors are far removed from the Internet.

AARP has done a series of telephone surveys in urban centers, including Philadelphia and New York, and published the results as reports called *Caught in the NET*. The studies are largely concerned with Internet safety concerns and preventative measures that users can take. The studies report a high percentage of computer/laptop ownership, but notes the population studied is aged forty and older. The AARP Website (<http://www.aarp.org/>) attempts to exist as a rich resource of health and other information for seniors.

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## APPENDIX III

### Questionnaire Results

#### Background:

The purpose of the NN/LM MAR needs assessment is to collect information from network members on their needs to sustain and improve library services, and to learn about their activities or future plans for outreach. Conducting a questionnaire of the network members is part of the needs assessment process and one method to solicit information. The intention is to use the questionnaire results in consultation with the RAC to develop a regional strategic plan for Delaware, New Jersey, New York, and Pennsylvania. This plan will set priorities to support the work of network members in the region for the next four years.

The NN/LM's Outreach Evaluation Resource Center (OERC) provided assistance with question development and in establishing a stratified random sample of the target population (full and affiliate members) for the questionnaire. The questionnaire went to 448 libraries; 262 full members and 186 affiliate members. A further breakdown by library type shows the questionnaire went to 222 hospital libraries, 140 public libraries, 42 academic libraries, and 44 other libraries. This is a proportional representation of MAR's network members.

#### Methodology:

- Questionnaire tool: SurveyMonkey was used to create the questionnaire, manage the responses, and compile the results.
- Pilot test: The draft questionnaire went to 11 testers made up of academic, hospital, and public librarians. Of the 11, 9 testers responded.
- Time frame: The questionnaire was out in the field for four and a half weeks.
- Response rate: To achieve a high response rate (60-70%) for the questionnaire, the Tailored Design Method (TDM) by Don A. Dillman was utilized.<sup>20</sup> TDM outlines a four-step method for multiple contacts with respondents: Step 1: preliminary email to sample population, Step 2: questionnaire sent with cover letter (3 days after step 1), Step 3: reminder email with link to questionnaire sent (one week after step 2), and Step 4: call all remaining non-respondents (two weeks after step 3). The response rate to the questionnaire was 65%.

#### Highlights from the questionnaire results:

##### **Library Improvement:**

- 75% of respondents purchase e-resources through a consortia or multi-library purchasing plan
- Top funding needs: 59% said *additional e-resources*, 46% said *additional print or AV resources*, 44% said *library staffing*, 41% said *library space*

##### **Interlibrary Loan:**

- 41% acknowledge license restrictions as a *barrier* to offering electronic ILL
- 45% indicated a low-cost consortium as *important*

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<sup>20</sup> Dillman, D.A. (2007). *Mail and Internet Surveys : The Tailored Design Method* (2nd ed.). Hoboken, N.J. : Wiley.

**Technology:**

- 57% answered *yes* to the impact of technology on the library's physical space
- 51% of the respondents commented on the space issue. The following are a few examples of those comments: "We find ourselves moving or eliminating collections in order to set and maintain personal computers"; "More people are accessing resources remotely".

**Professional Development:**

- 67% of respondents prefer *in-person training* over online tutorials or live Webcasts
- 96% are given release time from their library/institution for professional development opportunities

**Outreach:**

- 57% of respondents report involvement in outreach activities
- 85% selected *diabetes* as the major health issue in their geographic area, followed by *heart disease* (76%), and *obesity* (68%)
- 61% of respondents recognized *senior citizens* as an underserved population which would be a possible target audience for outreach
- 56% selected *nonprofit health agencies*, and 55% selected *senior centers* from a list of community based organizations as a possible partner for outreach activities
- 73% selected *no health insurance* as a major non-disease issue
- 46% selected *nursing care organizations* as the top unaffiliated health professional group as a possible target audience for outreach

The MAR questionnaire design, the final results, and a formal report of the needs assessment will be made available on the Website.

## APPENDIX IV

### NNLM Contract Mandates 2006-2011

In all NN/LM contracts for 2006-2011 is a mandate from the National Library of Medicine to develop programs that address particular priorities established in their request for proposal. NN/LM MAR is committed to all aspects of the Technical Proposal submitted to the National Library of Medicine (<http://nnlm.gov/mar/about/rmltechnical060706.pdf>). The projects listed below: emergency preparedness, historical collections and Go Local have been identified as being of particular significance to the region because of their nationally-designated importance, as in the case of emergency preparedness, or the region's rich resources, as in the case of historical and unique collections, or because of the regional need for greater participation, as in the case of MedlinePlus Go Local. These areas are also part of the MAR program, but are not addressed in this strategic program plan which shapes the awards and priorities for library improvement and outreach.

#### Emergency Preparedness

The purpose of the Emergency Preparedness Committee is to build an emergency response process and plan for the Middle Atlantic Region's network members, ensuring that continued access to network members' library services occurs during and following an emergency. The overall goal of the committee is to promote emergency preparedness in the Middle Atlantic Region and develop a regional emergency response plan.

The intent of the committee is to ensure that each network member takes responsibility for library preparedness and recognizes and participates in a plan of shared library and community responsibility to others in the event of an emergency.

The committee is a standing committee of the Regional Advisory Committee and the NN/LM MAR. The committee members' service will extend for two years; with the exception of the Chair, whose term of service will be three years. The committee is comprised of a Chair and five committee members, one each from Delaware, New Jersey, New York, Pennsylvania and one from New York City/Long Island and is staffed by the Associate Director of the RML, who is a member of the Core Group of the National Collaboration Planning team.

#### Historical Collections

The charge from the National Library of Medicine is to "assist NLM with the development and implementation of a plan to identify collections of historical and unique materials related to the health sciences". The initial plan had been to form a Historical and Unique Collections Task Force from regional network members to address the following issues: identification of historical collections, accessibility, preservation, communication and awareness, and establishing outcomes for the effort.

Initial discussions with network members indicate that additional interviews with key informants should precede the formation of a task force. Consultations with regional archivists will take place in Winter 2007.

#### MedlinePlus Go Local

NN/LM MAR is the proud home of one Go Local site, Delaware Go Local. MAR is committed to the goal of 100% regional participation in Go Local. Communication, promotion, troubleshooting and mediating will be used to encourage additional network member submission of Go Local proposals to NLM.



**APPENDIX V Strategic program plan in chart format**

**Library Improvement**

2007-2008 Year 2	2008-2009 Year 3	2009-2010 Year 4	2010-2011 Year 5
<p>1. Begin focused program for librarian mentoring and coaching in management, advocacy and marketing the library through one or more pilot programs.</p> <p>2. Conduct planning for a Value of Libraries Study to be conducted in the region in Year 3.</p> <p>3. Create an information and education program on e-resources for hospital libraries and consortia. Address both licensing issues and resource evaluation. Suggest best practices for licensing and identify cost effective e-resources with emphasis on evidence-based medicine. Add section to the MAR Website on e-licensing tips and experiences.</p> <p>4. Create a virtual forum as a new way for librarians to keep up with technology innovations, licensing trends, and open access initiatives and their impact on health sciences libraries.</p> <p>5. Create a MAR informational tool about regional consortia to encourage individual hospital librarians to take advantage of local expertise and opportunities and to give existing consortia members or those considering consortia practical information and guidance on common issues.</p> <p>6. Strengthen hospital library capability to provide remote access to their electronic resources through training and technology awards. Investigate the need for central hosting of electronic resources and Websites for hospital libraries for remote access by their patrons.</p>	<p>1. Conduct Value of Libraries Research Study project.</p> <p>2. Broaden training opportunities with emphasis on management, advocacy, and leadership skills through Web opportunities for training in an “MAR Leadership Institute”.</p> <p>3. Continue technology awards for remote access to library resources and create “technology sandbox” with test beds for various projects for consortia or single libraries to safely experiment with new technologies, for example wikis, blogs, RSS feeds, etc..</p> <p>4. Create Web server project for libraries who want to e-mail journal scans without using Ariel.</p> <p>5. Develop a program/conference for library as place issues, particularly in regard to the impact of technology on space issues; develop place on MAR Website for bibliography of library/space issues.</p> <p>6. Address issues of resource sharing in light of retention/storage, electronic issues, and shrinking space for Resource Libraries.</p>	<p>1. Evaluate the library improvement program and administer a questionnaire to determine if network member needs are being met and what possible new needs have developed, in particular for resource sharing issues.</p> <p>2. Continue established library improvement programs from previous years.</p> <p>3. Disseminate results of the Value of Libraries Research Study.</p>	<p>1. Propose training and educational program to meet future needs.</p> <p>2. Based on outcomes of continuing education, establish technology competencies for health sciences librarians.</p> <p>3. Evaluate the Library improvement program and create program priorities for next contract.</p> <p>4. Publish and market results of Value of Libraries Research Study outside of the library community.</p>

## Outreach

2007-2008 Year 2	2008-2009 Year 3	2009-2010 Year 4	2010-2011 Year 5
<p>1. Communicate to all network members the outreach priorities established by the RAC through the MAR blog, Website, and RML consultants.</p> <p>2. Frame awards in terms of the outreach priorities and change the review process to include value for priority programs.</p> <p>3. Promote Loansome Doc to hospitals and unaffiliated professionals – especially the target groups.</p>	<p>1. Develop an outreach database of all MAR outreach projects and partners including all NLM and non-NLM funded projects.</p> <p>2. Assess projects from awards program to determine outputs (if goals were met) and outcomes (long term impact).</p> <p>3. Communicate success stories to members through anecdotes and vignettes on the MAR Website, blog, and listserv; develop local publicity templates and packets.</p> <p>4. Administer a questionnaire to targeted unaffiliated health professional groups (as defined in Outreach section under Year 2, p.4) to determine their health information needs and to see if there are barriers to getting the information they need in a rapid and useful manner. Encourage the development of public library partnerships between member libraries and targeted groups in the local communities.</p>	<p>1. Begin to compare and evaluate the various awarded outreach projects and experiences for lessons learned.</p> <p>2. Hold a conference on outreach projects and evaluation methods and present the lessons learned; share conclusions beyond the conference through the MAR Website and other mechanisms.</p> <p>3. Continue working with outreach partners and target groups using the shared outreach database.</p> <p>4. Encourage development of local programs linking unaffiliated health professional target groups to health information based Year 3 questionnaire findings through funding awards.</p>	<p>1. Continue program to build outreach knowledge and commitment among network members.</p> <p>2. Document the experiences of the outreach program and make recommendations for the next contract in regard to target groups, partners, and unaffiliated health professionals.</p> <p>3. Repeat environmental scan to determine changes in library community and health disparities priorities of local communities.</p>

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